

Ohio Department of Job and Family Services
**CHILD ENROLLMENT AND HEALTH INFORMATION
 FOR CHILD CARE**

This form shall be completed prior to the child's first day of attendance and updated annually and as needed.

Child's Name		Date of Birth		First Day at Program/Home 9-4-2018	
Home Address				City	
State		Zip Code		Home Telephone Number	
Parent/Guardian Name				Relationship to Child	
Home Address				Home Telephone Number	
City				State	Zip
Email Address (if applicable)			Cell Phone		
Parent's Work/School Telephone Number			Parent's Work/School Name		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which number(s) above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
Where can you be reached while your child is in this program/home?					
Parent/Guardian Name				Relationship to Child	
Home Address				Home Telephone Number	
City				State	Zip
Email Address (if applicable)			Cell Phone		
Parent's Work/School Telephone Number			Parent's Work/School Name		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which number(s) above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
Where can you be reached while your child is in this program/home?					
Emergency Contacts: Parents cannot be listed as emergency contacts. List the name of <u>at least one person</u> who can be contacted in the event of an emergency or illness if you cannot be reached . Any person listed should be able to assist in contacting you. At least one person listed must be within one hour of the center/home, able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.					
Name		Name			
City		State	City		State
Telephone Number		Relationship to Child		Telephone Number	
				Relationship to Child	
Other numbers where emergency contact can be reached (if applicable)			Other numbers where emergency contact can be reached (if applicable)		
Name of Physician or Clinic/Hospital					
Street Address					
City		State		Telephone Number	

Child's Name

Allergies, Special Health or Medical Conditions, and Food Supplements

Fill in this section accurately and completely. Please note that if your child has a **current** health or medical condition requiring child care staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Medical/Physical Care Plan" or equivalent form and/or the JFS 01217 "Request for Administration of Medication" must be completed and be kept on file at the center or family child care home.

Does your child have any food, medication or environmental allergies? *(check all that apply)*

- No
 Yes - check all that apply Food Medication Environmental Please list and explain:

Does your child's allergy/allergies require child care staff to monitor your child for symptoms, take action if a reaction occurs, or give emergency medication to your child? *(check one)*

- No
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Does your child have a special health or medical condition? *(check one)*

- No
 Yes - please explain

Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? *(check one)*

- No
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Is your child currently using any medication, food supplement or medical food (such as electrolyte solution)? *(check one)*

- No
 Yes - please explain

If yes, does this medication, food supplement, or medical food need to be administered at the child care center/type A home?

- No
 Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication, food supplement or medical food.
 N/A - program does not administer any medications.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? *(check one)*

- No
 Yes - please explain

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?

- No
 Yes - written instructions from the child's health care provider must be on the JFS 01217 "Request for Administration of Medication."
 N/A - child does not attend a full time program.

Child's Name
List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff or medical personnel in an emergency situation.
List any additional information about your child that would be useful for staff to know, such as fears, eating or sleeping habits, or special routines. This information should not be medical or health related, as that information should be included on the previous page.

Diapering Statement

Is your child toilet trained? <input checked="" type="checkbox"/> Yes (If yes, skip to Emergency Transportation Authorization section) <input type="checkbox"/> No (If no, fill out the following)
The program's policy is to check diapers every _____ hours. Please indicate if you want your child's diaper checked according to the program's policy or another:
<input type="checkbox"/> I agree with the program's schedule <input type="checkbox"/> I do not agree, please check my child's diaper every _____ hours.

Emergency Transportation Authorization

Give <u>Permission</u> to Transport	OR	<u>Do Not Give Permission</u> to Transport
Program or Home Name Cypress Christian Preschool		Program or Home Name
has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.		does not have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:
Parent's Signature _____ Date _____		Parent's Signature _____ Date _____

Acknowledgement of Policies and Procedures
I have reviewed and received a copy of the program's or home's policies and procedures/handbook. <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(check one)</i>

This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care.

Parent/Guardian Signature(s)	Date
Administrator/Designee Signature	Date

The form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, please complete a new form.

Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review

Note: This is a prescribed form which must be used by child care providers to meet the requirements to rules 5101:2-12-15 and 5101:2-13-15. This form must be on file at the program or home on or before the child's first day of attendance and thereafter while the child is enrolled.

Cypress Christian Preschool Additional Information

Child's Name: _____

School District: _____

Home Church: _____

Child Lives With*

Both Natural Parents <input type="checkbox"/>	Adoptive Parents <input type="checkbox"/>
Mother <input type="checkbox"/>	Foster Family <input type="checkbox"/>
Father <input type="checkbox"/>	Legal Guardian <input type="checkbox"/>
Shared Parenting <input type="checkbox"/>	Other _____ <input type="checkbox"/>

Siblings of Students

Name	Age	Name	Age

*Please Note: In case of separated or divorced parents, the preschool can assume responsibility to only one parent. If applicable, please indicate which parent.

Responsible Parent: _____

Nature Walks:

At various times throughout the year our children will be taking short walks in close proximity to the preschool and daycare building. Please sign and indicate below whether or not your child may participate in these walks. Written permission shall be considered valid for all routine trips until withdrawn in writing by the parent or guardian.

My child may attend these walks: YES NO

Parent/Guardian Signature: _____ **Date:** _____

Authorized Pick-Up:

Please list any additional individuals (other than parents/guardians) who are authorized to pick up your child from Cypress Christian Preschool. Authorized individuals may be asked for photo identification before we will release a child.

	Name	Relationship to Child	Address	Phone Number
1.				
2.				
3.				
4.				
5.				

Cypress Christian Preschool Acknowledgment & Permission Forms

Child's Name: _____

Parent Expectations:

We (I) pledge cooperation with Cypress Christian Preschool in encouraging our child to follow its Christian teaching, in upholding the authority of the administration, faculty and staff in the matter of discipline, and in assuming the responsibility of paying our (my) financial obligations promptly. We (I) pledge to abide by and support, in spirit and practice, all policies and procedures that govern the Cypress Christian Preschool.

We have read and understand the Parent Expectations (Circle One): YES NO

Parent/Guardian Signature: _____ **Date:** _____

Statement of Faith:

Please read the Statement of Faith located at the end of the packet.

We have read and understand the Statement of Faith (Circle One): YES NO

Parent/Guardian Signature: _____ **Date:** _____

Handbook Acknowledgment:

Please read the Cypress Christian Preschool handbook. An online copy of our handbook can be found at <http://cypressschools.tv/preschool>.

I acknowledge that I have read the parent handbook for Cypress Christian Preschool. I agree to follow all outlined policies (Circle One): YES NO

Parent/Guardian Signature: _____ **Date:** _____

Photo Permission:

The staff at Cypress Christian Preschool takes photos daily. If you DO NOT wish your child to be photographed or videotaped please notify our director in writing. Lisa Kaltenbach (lisak@cypressschools.tv).

Shutterfly Share Site:

Throughout the school year we use a Shutterfly Share Site to share pictures and information with you and your family. This a private web-site that is accessed by invitation only. Please list any additional individuals (other than parents/guardians) who you would like to have access to our Shutterfly Share Site.

	Name	Relationship to Child	E-Mail Address (please print CLEARLY)
1.			
2.			
3.			

Cypress Christian Preschool

Tuition & Fees

Child's Name: _____

Preschool Info:

Our school exists as a non-profit organization, with tuition and fees established to help with the basic cost of operation.

Schedule and Fees Information:

- Payments are due by the fifth of each month. We currently process all of our tuition payments by direct withdraw through Tuition Express.
- A late fee of \$25 will be assessed for payments not received by the 10th of the month.
- The Service charge for each "insufficient funds" is \$25.00. The account must be brought up to date within one week of notification. If the center receives a second "insufficient funds", future tuition payments must be made by cash, cashier's check or money order.
- Tuition costs remain the same regardless of daily absence, holiday, staff training, or inclement weather days.
- A discount of 15% off the lowest tuition is applied when 2 or more children are enrolled in preschool.

We have read and understand the above Schedule and Fees Information: YES NO

Parent/Guardian Signature: _____ **Date:** _____

Tuition Information:

Class	Monthly Tuition (Sept-May)	Annual Tuition Rates
T/Th. Morning (2 days, 3 hours/day)	\$155	\$1395
T/Th. Afternoon (2 days, 2.5 hours/day)	\$145	\$1305
MWF Morning (3 days, 3 hours/day)	\$190	\$1710
MWF Afternoon (3 days, 2.5 hours/day)	\$180	\$1620
T/Th. Extended Day (2 days, 4 hours/day)	\$185	\$1665
MWF Extended Day (3 days, 4 hours/day)	\$235	\$2115
M-F Morning (5 days, 3 hours/day)	\$255	\$2295
M-F Afternoon (5 days, 2.5 hours/day)	\$245	\$2205

Late Pick-Up Fees:

Any child here past the conclusion of class will be charged a late charge of \$1.00 per minute. Your child will be brought to the preschool office until your arrival. A signature will be required on your child's Late Pick Up Log notating the time of pick-up. Payment of the late fee is also due at pickup. If you know you are going to be late, please notify our preschool office at 614-878-8803.



Hop aboard the Tuition Express and never write a check again!

As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check or remember your checkbook when you're picking up your child at the end of a hectic day. Your payment will be safely and securely processed by Tuition Express, giving you peace of mind that your tuition has been paid on time! It's easy to enroll and even easier to participate. You'll be joining tens of thousands of parents nationwide who enjoy the ease and convenience of Tuition Express.

To learn more about Tuition Express, automatic payment notifications or reviewing your payment history, please visit www.tuitionexpress.com.

For Bank Account Authorization, complete and return to center management.

Child's Name: _____ **Class:** MWF TTH 5-Day **Time:** AM PM Ext. Day
Circle One Circle One

Please deduct my tuition (please circle one): MONTHLY ANNUALLY BI-ANNUALLY **Sibling Discount (2+ students attending Cypress Christian Preschool):** YES NO

ELECTRONIC FUNDS TRANSFER AUTHORIZATION Cypress Christian Preschool and Daycare to initiate debit entries to my Checking or Savings Account indicated below at the depository financial institution hereafter called DEPOSITORY. I (we) authorize Professional Solutions to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees which are due and payable. I (we) acknowledge that the origination of ACH transactions to my account must comply with the provisions of United States Law.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name: _____ Phone #: _____ DEPOSITORY - Bank or Credit Union Name: _____
 Address _____ Bank or Credit Union Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____

Type: Checking Savings

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____

This authorization shall remain in full force and effect until I (we) notify you in writing of its termination in such time and in such manner as to afford Professional Solutions - Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Under no circumstances shall this time be less than 5 business days.

Signature _____ Date _____



Routing Transit Account Check
Number Number Number

Please attach a copy of a voided check here. Deposit slips not acceptable.

Statement of Faith

The congregation of Cypress Wesleyan Church is comprised of people from many church/religious backgrounds. We are confident in the Bible as our written source for spiritual truth. We believe that personal faith in Christ is our primary hope of final salvation. We look to Christ as our example for life. We need each other for effective spiritual growth and maturity in our Christian walk of life. Below is a basic creed.

We Believe:

- That the Bible is unparalleled in its divine inspiration and in its complete accuracy and authority as God's revealed source of faith and truth to us.
- In one God, beside whom there is no other and whose nature and activity is supremely revealed to us through His expression of Father, Son (Jesus Christ), and Holy Spirit.
- That human nature involves the image of God, in part, but also displays the universal tendency toward the practice of sin, which is basically rebellion (active or passive) against God.
- That Man's ultimate and most urgent needs are an awareness of his condition before God and a new life with Him, through Christ.
- That Jesus Christ is God's unique revelation of Himself to us in human form, and His chosen pathway for our salvation, by virtue of His birth, life, death, resurrection and present intercession for us.
- That the way to salvation is through confession, forgiveness of sins, and personal acceptance by faith of Jesus Christ as personal Savior and Lord.
- That our lives should seek to "...reach unity in the faith and in the knowledge of the Son of God and become mature, attaining to the whole measure of the fullness of Christ." (Ephesians 4:13, NIV).

Ohio Department of Job and Family Services
CHILD MEDICAL STATEMENT FOR CHILD CARE

Child's Name <i>(print or type)</i>	Date of Birth
<input type="checkbox"/> This above named child has been examined, the immunization status recorded, and the child is in suitable condition for participation in group care. <input type="checkbox"/> This above named child has been immunized in accordance with the requirements of section 5104.014 of the Ohio Revised Code (please note any exceptions below).	
Signature of Examining Physician/Physician's Assistant/Advanced Practice Nurse/Certified Nurse Practitioner	Date of Examination
Name of Physician/Physician's Assistant/Advanced Practice Nurse/Certified Nurse Practitioner	Telephone Number
Street Address	
City, State and Zip Code	

ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD WITH DATES OF DOSES OF ALL IMMUNIZATIONS

Exceptions to Immunization requirements pursuant to 5104.014 ORC <i>(please include names of requirement diseases against which the child has not been immunized and whether it is because the immunization is medically contraindicated, not medically appropriate for the child's age, or declined by the parent).</i>			
<input type="checkbox"/> I have declined to have my child immunized against one or more of the diseases required by 5104.014 of the Ohio Revised Code. Please note disease above and sign.			
Signature of Parent			Date of Signature
Optional Recommended Assessments/Screenings			
Vision	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lead	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hemoglobin	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dental	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	
Measurements		Notes	
Height			
Weight			
BMI			